



LOUISIANA DEPARTMENT OF HEALTH

Office of Public Health/Section of Environmental Epidemiology and Toxicology (SEET)
P.O. Box 60630, New Orleans, LA 70160-9972, Fax: (504)568-8149, seet.dhh.la.gov

Use this form to report **cases of lead*, arsenic, mercury, cadmium, or carbon monoxide** to SEET. Mail or fax form to address listed above. For more information call (504) 568-8160 or (888) 293-7020.

** To report a child 6 years or younger with lead poisoning, contact the LA Childhood Lead Poisoning Prevention Program (504) 568-8253.*

PATIENT INFORMATION

_____ Last Name	_____ First Name	_____ M. Initial
_____ Street Address	_____ City	_____ State
_____ () Phone Number	_____ Birthdate (month / day / year)	_____ Zip
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

EXPOSURE INFORMATION: Where & what are the source of the heavy metal or carbon monoxide exposure. Provide as much information as possible.

☐ Current Occupation & Address _____

☐ Hobby & Address _____

☐ Environmental & Address _____

REFERRAL / PHYSICIAN INFORMATION

_____ Person Providing Referral	_____ () Referral Phone Number
_____ Referral E-mail	
_____ Treating Physician Name	_____ Clinic, Hospital or Agency Name
_____ Mailing Address	_____ City
	_____ State
	_____ Zip

SPECIMEN INFORMATION

_____ Date Collected (month / day / year)	_____ Lab name
_____ Specimen ID number	Specimen source: <input type="checkbox"/> Venous <input type="checkbox"/> Capillary <input type="checkbox"/> Urine
Analyte: <input type="checkbox"/> Arsenic <input type="checkbox"/> Mercury <input type="checkbox"/> Lead	
<input type="checkbox"/> Cadmium <input type="checkbox"/> Carboxyhemoglobin	
Specimen result (with unit): _____	